

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006301

1. Corporation Name

COMPREHENSIVE TREATMENT CENTER OF SOUTH
FLORIDA, INC.

Principal Place of Business

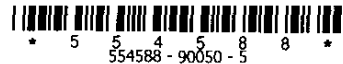
4160 WEST 16TH AVENUE
SUITE #302
HIALEAH FL 33012

Mailing Address

4160 WEST 16TH AVENUE
SUITE #302
HIALEAH FL 33012

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90050 005 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/04/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0875322	
24 Country		29 Country		5. Certificate of Status Desired	
25		30		☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution	
				☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HERNANDEZ, ARTURO F
4160 WEST 16TH AVENUE
SUITE #302
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Arturo F. Hernandez, M.S.	1.2 NAME	
STREET ADDRESS	4129 W. 7 Lane	1.3 STREET ADDRESS	
CITY-ST-ZIP	Hialeah, Florida 33012	1.4 CITY-ST-ZIP	
TITLE	S/D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Ana M. Roberto, M.S., H.A.S.	2.2 NAME	
STREET ADDRESS	9500 S.W. 29th Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33165	2.4 CITY-ST-ZIP	
TITLE	T/D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Manuel V. Rodriguez-Crespo, M.D.	3.2 NAME	
STREET ADDRESS	150 N.W. 19th Avenue	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33012	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Ivan A. Hernandez, M.D.	4.2 NAME	
STREET ADDRESS	7706 S.W. 74 Lane	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33148	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Rafael A. Dausa, M.D.	5.2 NAME	
STREET ADDRESS	125 S.W. 130 Avenue	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33184	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	Maria E. Lopez, M.S., H.A.S.	6.2 NAME	
STREET ADDRESS	4437 W Flagler, Apt. 3	6.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33134	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report complies with the requirements of the law and represents the true and correct information of the corporation.

President

(305) 825-7770

04/30/99